

Name in Full

Certificate of Death

Lewis Adams

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
-------	-----	----	----	----	-----------	------------

Date 1902 12 26 Age 66 - -

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

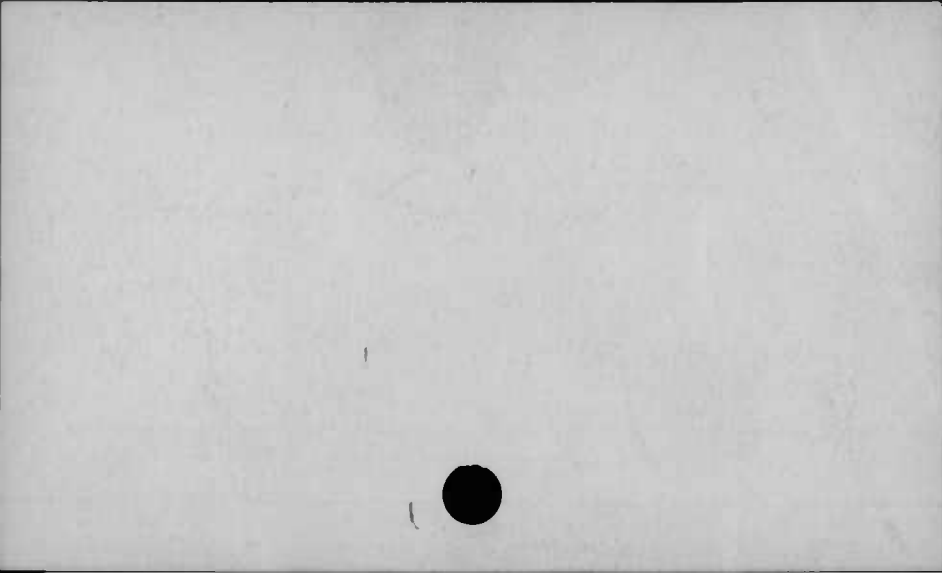
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73908



Name
in
Full

Mabel Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i>	Month <i>12</i>	Day <i>27</i>	Age <i>19</i>	Years —
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Muchester</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Alfred Adams</i>			Father's Birthplace <i>Beaver Creek</i>		
Mother's Maiden Name			Mother's Birthplace <i>Hagerstown</i>		
Name of person giving information <i>Mrs. Hill</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Wernia</i>	How long <i>120</i>
Immediate <i>Ephraim</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. G. Wankam</i>
	Address <i>Hagerstown</i>
Accident or Suicide	<i>med</i>



Name in Full

Certificate of Death

Benjamin Kart Ardinger 119

Died at Wellington Washington MARYLAND

Date 1902 12 6 Age 77 9 30 Native of Mbl Occupation Bricklayer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 7

Husband of Susan Ardinger Dec'd

Wife

Father's Name Mother's Maiden Name

Cause of Death Primary Chronic Gastritis Immediate " " 104

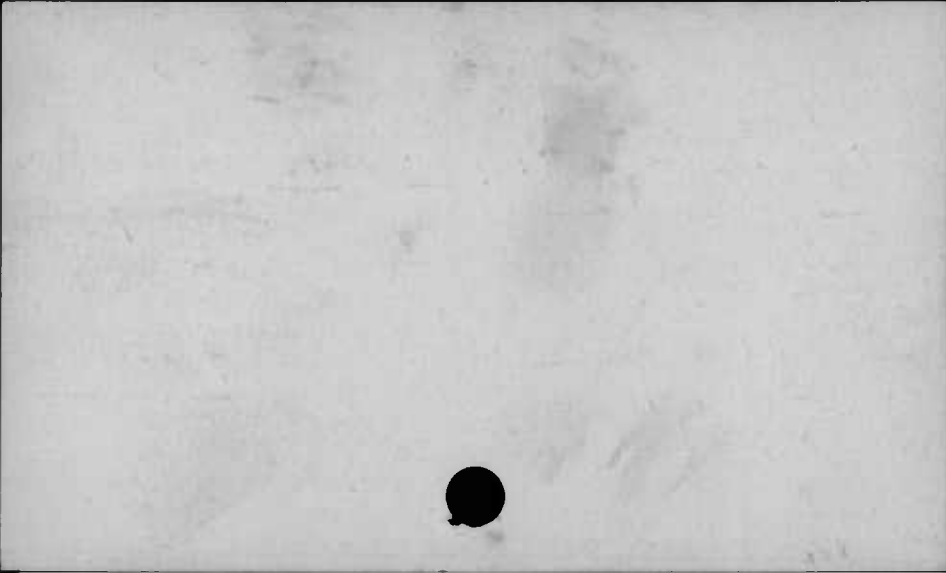
How long sick 7 weeks

Accident, Suicide, Homicide

Reported by Dr Richardson

Address J F Kufu U

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harriet Aritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairplay ^{Town}		Washington ^{County}		MARYLAND	
Date of death 190 2		Month Dec		Day 1		Age 68	
Sex Female		Color or Race White		Birth-place Md		Months	
Married, Single or Widowed		Widowed		Occupation		Housewife	
Name of Wife Husband		Samuel Aritz		Father's Name		John Stiffler	
Mother's Maiden Name		Catharine Ritzmiller		Father's Birthplace		Md	
Name of person giving information		Lydia Rowland		Mother's Birthplace		Md	
				How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	2 years
Immediate	Exhaustion 27	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay, Washington Co.	
Accident or Suicide?			



Name
in
Full

William Edgar Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}			County <i>Wash</i>			MARYLAND	
Date of death 190 <i>2</i>		Month <i>12</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>27</i>
Sex <i>male</i>			Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>William F. Bailey</i>					Father's Birthplace		
Mother's Maiden Name <i>Ida V. McCurdy</i>					Mother's Birthplace		
Name of person giving information <i>W. F. Bailey</i>					How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>3 weeks</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Miller, Jr.</i>
Accident or Suicide? <i>—</i>		Address <i>Hagerstown, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Virginia Bellman		Hagerstown		Wash.		MARYLAND	
Died at		Town		County			
Date of death 190		Month		Day		Years	
2		Dec		8		—	
Age		Months		Days			
5		24					
Sex		Color or Race		Birth-place			
female		white		Md.			
Married, Single or Widowed		Occupation					
single		child					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Oscar Bellman Jr				Md.			
Mother's Maiden Name				Mother's Birthplace			
Bertha O Wiles				Md.			
Name of person giving information				How related to deceased			
Bertha O. Bellman				mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Gastro-Enteritis		105	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. Preston Miller	
		Address	
		Hagerstown Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

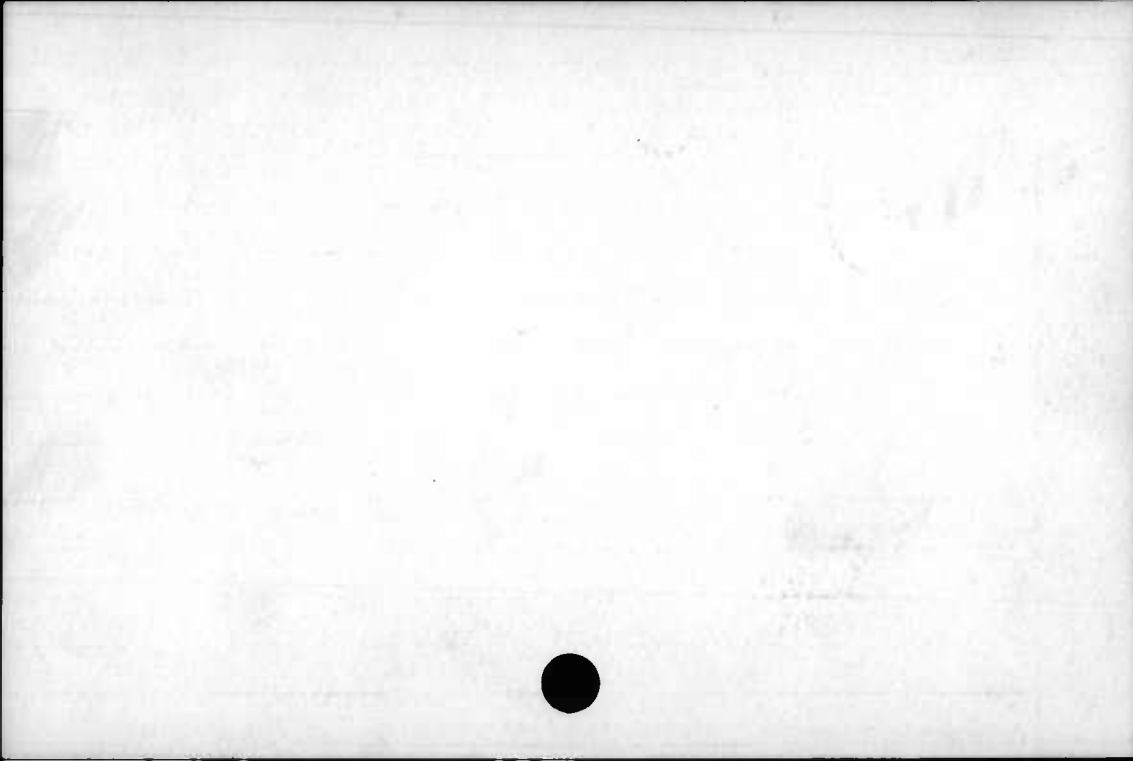
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>12</i>	Day	<i>15</i>
Age	<i>73</i>	Years	<i>3</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa</i>
Married, Single or Widowed	<i>Widowed</i>	Occupation	<i>Carpenter</i>		
Name of Wife or Husband	<i>Leah Gimmelman</i>				
Father's Name	<i>Wm Berger</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Not known</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Wm. J. Berger</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>One year</i>
Immediate	<i>79</i>	How long	<i>79</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. T. Scott</i>
		Address	<i>Hagerstown, Md.</i>



Name In Full

Certificate of Death

118

Died at Williamsport ^{Town} County Washington ^{County} MARYLAND

Date 1902 ^{Year} Dec ^{Month} 2 ^{Day} Age 1 h ^{Hours} md ^{Minutes} — ^{Occupation}

Male White ^{Color} Married ^{Marital Status} Widow ^{Widow} Divorced ^{Divorced} — ^{Number of children living}

Female Colored ^{Color} Single ^{Marital Status} Widower ^{Widower} — ^{Number of children living}

Husband of —

Wife of —

Father's Name Luther Betts ^{Father's Name} Mother's Name Florence Mowen ^{Mother's Name}

Cause of Death Dead Born ^{Cause of Death} — ^{How long sick}

Primary — ^{Primary} — ^{How long sick}

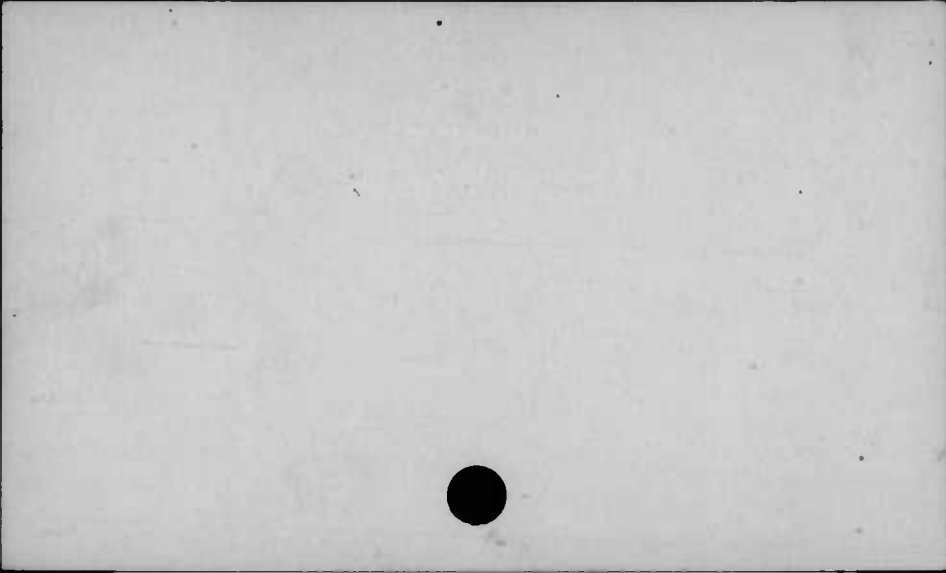
Immediate — ^{Immediate} — ^{Accident, Suicide, Homicide}

Reported by Mrs Agnes Pettit ^{Reported by}

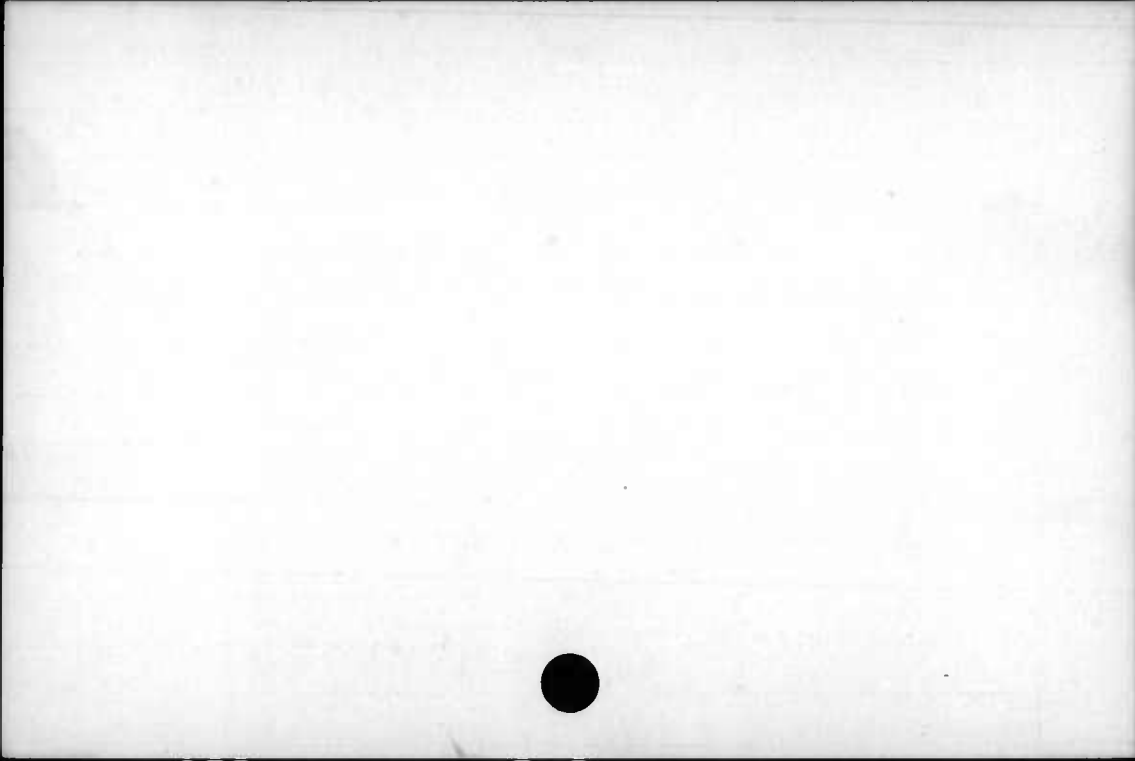
Address J. F. Kups Undertaker ^{Address}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full		C. G. Boyer.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Date of death 190		Month	Day	Age	Years	Months	
	2		12	14	72	4	4	
	Sex		Color or Race		Birth-place			
	Male		White		Germany.			
	Married, Single or Widowed		Occupation					
	Married		Merchant Tailor					
Name of Wife or Husband		Marguerate Garmen						
Father's Name		Christian Boyer				Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information		W. G. Boyer.				How related to deceased		
		Son						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Inherenlous			How long		
	Immediate		Reudous Failure 27			How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
	Accident or Suicide?		Address					
		A. P. Prauffer						



Name in Full

Certificate of Death

Henry M. Bovey

Town

County

Died at

near Chesapeake

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12

13

Age

86-11-27

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

8

Husband

of

Maria E. Bovey

Wife

Father's

Name

Geo. Bovey

Mother's

Maiden Name

Catherine Rinehart

Cause of

Primary

Heart Disease & Senility

How long sick

Couple years

Death

Immediate

Schauing

~~Accident, Suicide, Homicide~~

Reported by

M. P. Scott

Address

Hagerstown

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lassie B. Boward

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 3

Age

126 19

Md

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widowed

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

To blood

How long sick

200

3 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND		
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>10</i>	Years <i>10</i>	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg Md</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Child</i>					
Name of Wife or Husband _____						
Father's Name <i>Geo. W. Burns</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Katie Macy</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Geo Burns</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever + Meningitis</i>	How long <i>three weeks</i>
Immediate <i>Head failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Wilmer Spitzer M.D.</i>
	Address <i>Smithsburg Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

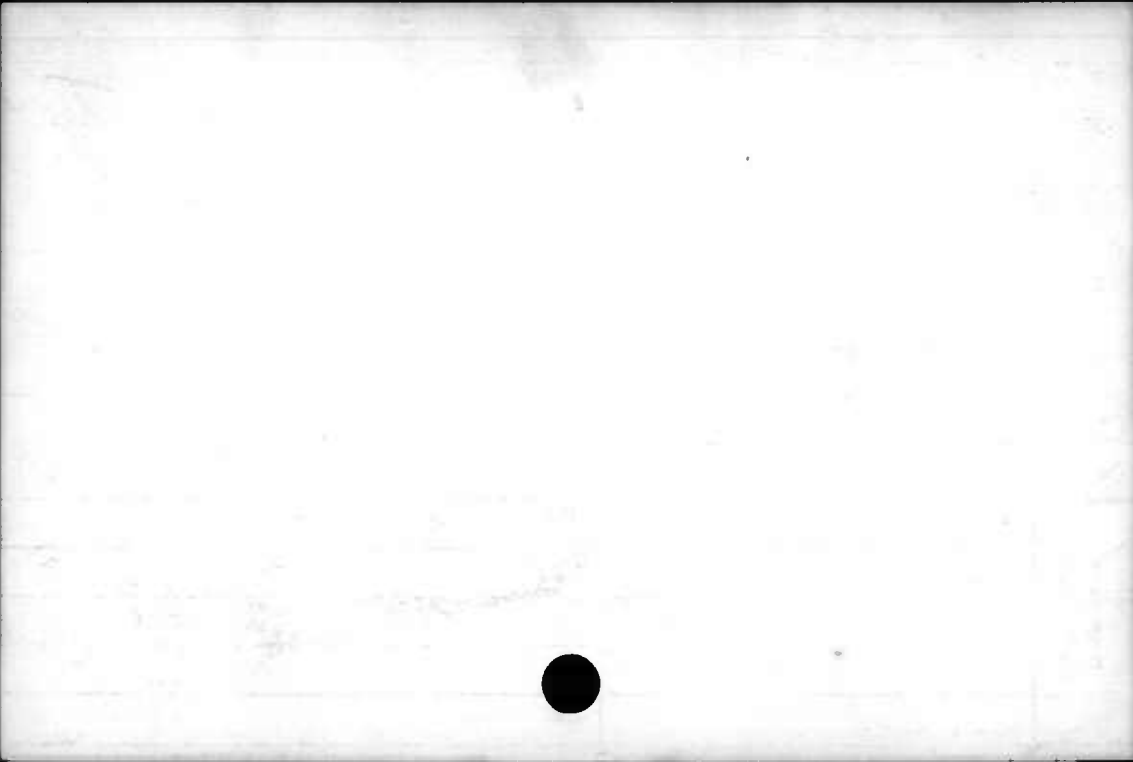
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Moses Carey</i>			Town <i>Hopston</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hopston</i>		Date of death 190 <i>2</i>		Month <i>Dec.</i>	Day <i>18</i>	Age <i>30</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Deaser Creek</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>						
Name of Wife or Husband <i>Henrietta Carey</i>								
Father's Name <i>Abraham Carey</i>						Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known</i>						Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Henrietta Carey</i>						How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Per a large</i>		How long	
Immediate <i>16</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. Andrews</i>	
		Address <i>16 Capricorn St. Wm.</i>	
Accident or Suicide?			



Name
in
Full

Mrs Amanda A. Clem

CERTIFICATE OF DEATH

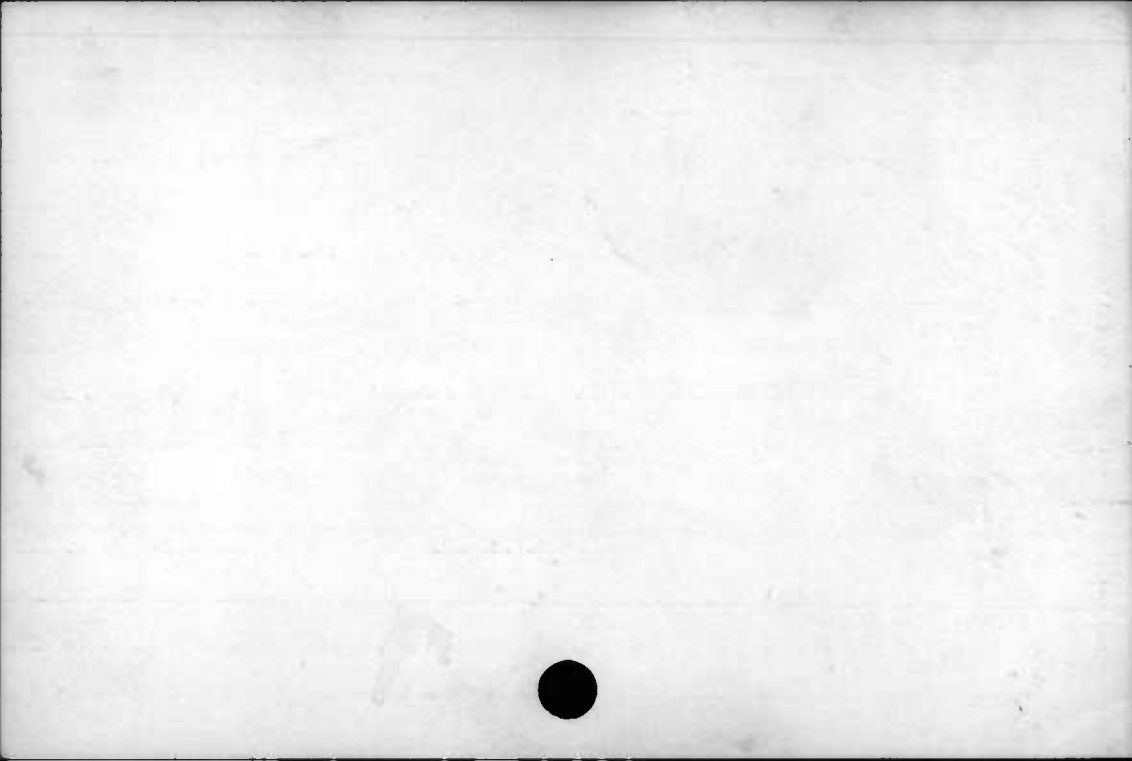
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	One year
Immediate	Exhaustion	How long	Eight months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		J. J. Johnson	Agrestown Md
Accident or Suicide?			



Name
in
Full

Not named. Dugan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Big Pool		County Washington		MARYLAND	
Date of death 1902		Month 12	Day 8	Age Years		Months	Days 4
Sex Female		Color or Race White		Birth- place Big Pool			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Edward Dugan				Father's Birthplace Bethesda Pa.			
Mother's Maiden Name Annie Roman				Mother's Birthplace Maryland			
Name of person giving In formation Edward Dugan				How related to deceased Parents			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Suzana H Ely

Town

County

Died at

Maysville of Washington MARYLAND

Date 1902

Month Day Y. M. D. Native of Occupation

Dec. 13th Age 41 years 9 months 14 days

Male

White

Married

Widow

Divorced

Female

white

Colored

Single

Widower

Number of children living

Husband

of

Wife

single

Father's

Name

John Ely

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Clinton Miller & Mangan undertaker

Address

Mason Dixon Rd Manganville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.

G. H. Banghman
Sub Reg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at: ^{Town} Fairplay		^{County} Washington		MARYLAND		
Date of death 190	2	Month	Dec	Day	12	
Age		Years	72	Months	9	
Sex		male	Color or Race	white	Birth-place	md
Married, Single or Widowed		Married		Occupation		Farmer
Name of Wife		Magdaline Melby				
Father's Name		Daniel Emmert		Father's Birthplace		md
Mother's Maiden Name		Margaret Carey		Mother's Birthplace		md
Name of person giving information		Lilly Emmert		How related to deceased		Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver	How long	8 mos
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay Washington Co	
Accident or Suicide?		<input type="checkbox"/>	



Edna M. Fahrney

MARYLAND

Died at ^{Town} *Mapleville* ^{County} *Wash -*

Date 1902 ^{Month} *Dec* ^{Day} *11* ^{Y.} *26* ^{M.} *-* ^{D.} *-* ^{Native of} *Wash Co* ^{Occupation} *Farmers daughter*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's

Name

Leo Fahrney

Mother's

Maiden Name

Cause of

Primary

Acute Phthisis.

How long sick

1 year

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

S. S. Davis

Address

*Boonsboro**md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1000
1000

1000

1000



Name
in
Full

Catharine Flook

CERTIFICATE OF DEATH

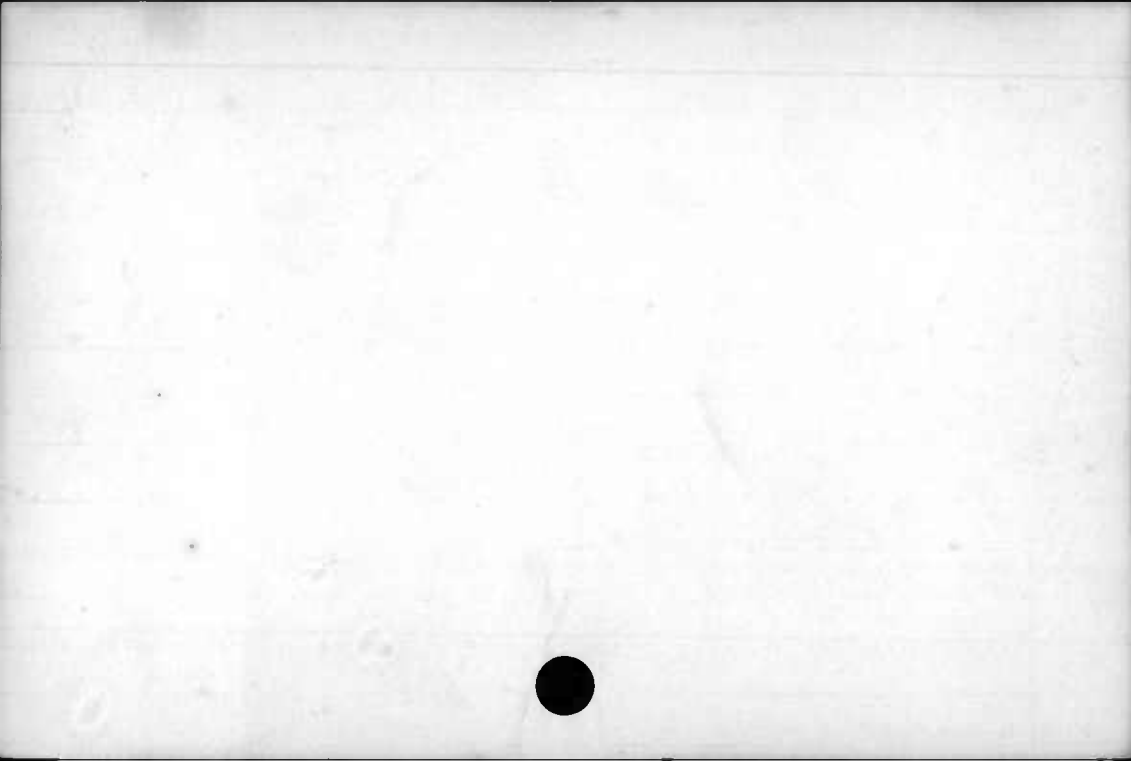
TO BE ANSWERED BY
NEAREST FRIEND

Died at			County			TOWN		
Date			Month			Day		
of death 1902			12			7		
Age			Years			Months		
81			10			4		
Sex			Color or Race			Birth-place		
Female			White			Md		
Married, Single or Widowed			Occupation					
Widow								
Name of Wife or Husband								
Henson Flook								
Father's Name			Father's Birthplace					
Martin Speck								
Mother's Maiden Name			Mother's Birthplace					
Ann Spigler								
Name of person giving information			How related to deceased					
Mrs Hershey			Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	one week
Immediate	Exhaustion	How long	X
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Hester	
		Address	
		Hagerstown	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

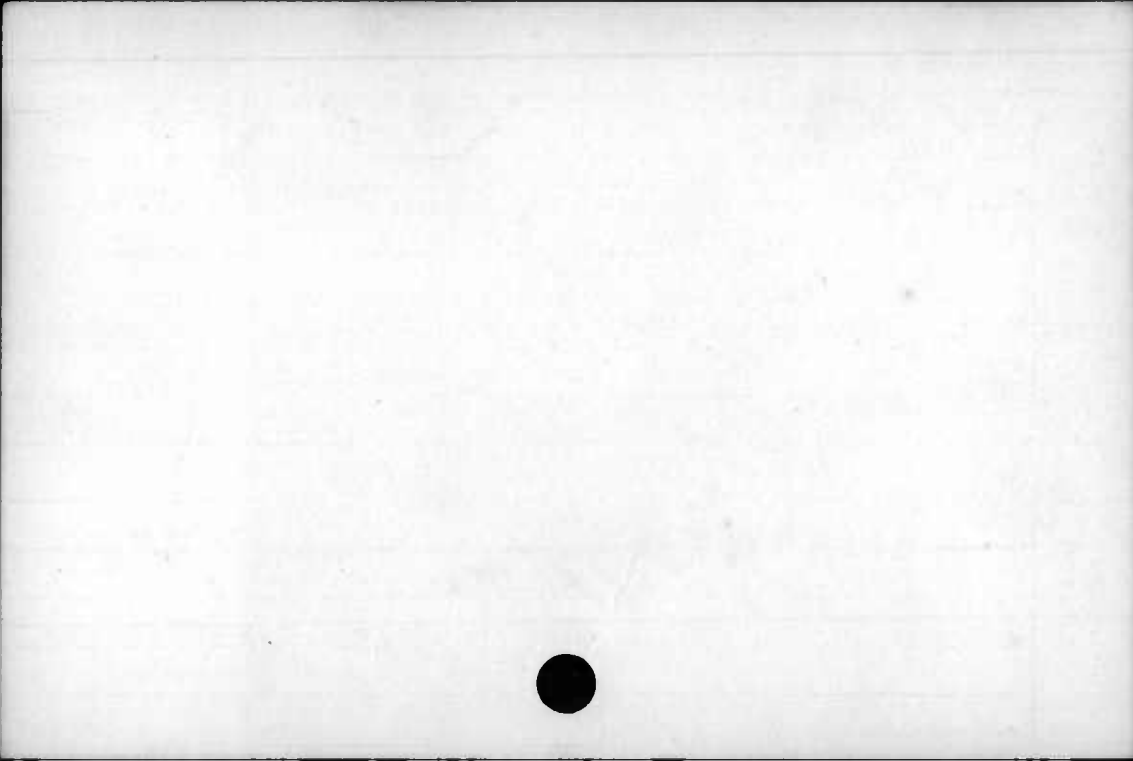
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Anna French</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>1</i>		Age <i>75</i>	
Date of death 190 <i>2</i>		Months <i>2</i>		Years <i>25</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Andrew J French</i>							
Father's Name <i>Jacob Wideman</i>		Father's Birthplace					
Mother's Maiden Name <i>Elizabeth Schuler</i>		Mother's Birthplace					
Name of person giving information <i>Husband</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>1 year</i>
Immediate <i>Gastro-Enteritis</i>	How long <i>6 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Preston Miller</i>
Address <i>Hagerstown Ind</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

Wm Funkhouser

CERTIFICATE OF DEATH

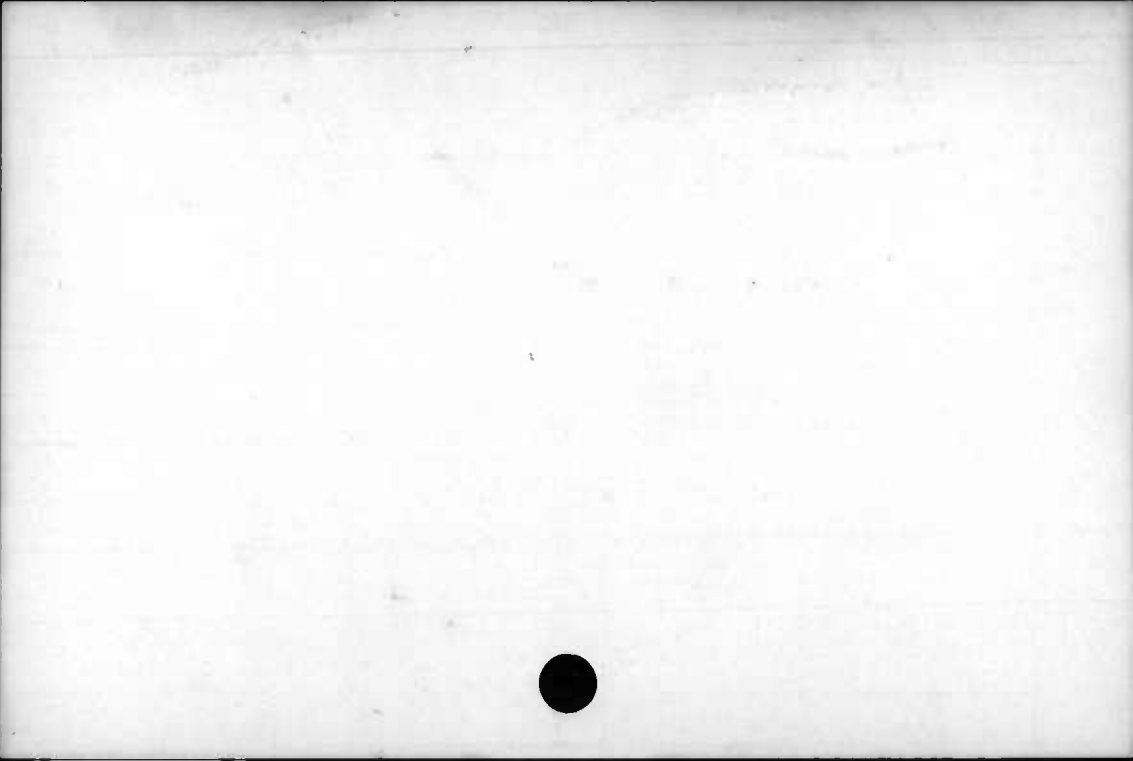
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1902		Month 12		Day 9		Age 61		Months 10	
Sex Male		Color or Race White		Birth-place Va					
Married, Single or Widowed		Widower		Occupation		Gardner			
Name of Wife or Husband		Ellen M Beeler							
Father's Name		Andrew Funkhouser				Father's Birthplace			
Mother's Maiden Name		Ann Kenna				Mother's Birthplace			
Name of person giving information		Rose Funkhouser				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

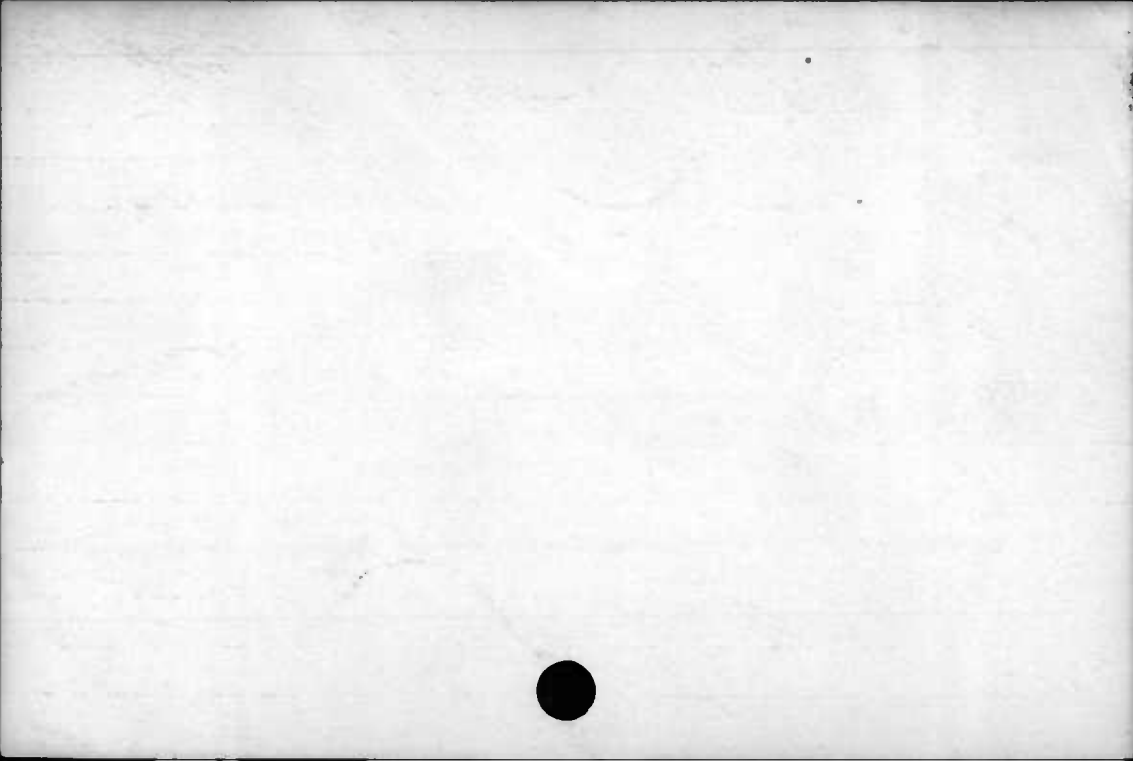
Primary		<i>Pneumonia</i>		93		How long		<i>Two days</i>	
Immediate		<i>Cardiac Failure</i>				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address		<i>M. J. Scott</i> <i>Hagerstown</i>	
Accident or Suicide?									



Name in Full Louisa Garlock		Town Hagerstown		County Wash.		CERTIFICATE OF DEATH	
Died at		Date of death 190		Age		MAYLAND	
Month Dec		Day 15		Years 59		Months 5	
Sex female		Color or Race white		Birth-place Md.		Days 21	
Married, Single or Widowed married		Occupation H.W.					
Name of Wife Husband Ges. Garlock							
Father's Name John M. A. Avey		Father's Birthplace Md.					
Mother's Maiden Name Lucinda Reid		Mother's Birthplace Md.					
Name of person giving information Ges. Garlock		How related to deceased husband.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis Pulmonary	How long	9 yrs
	Immediate	Cardiac Failure	How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Address		A. P. Stuffer, Md.	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Bagertown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>42</i> Years Months <i>6</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>	
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Owen Hendrickson</i>			
Father's Name <i>James Neff</i>		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Va.</i>	
Name of person giving information <i>Owen Hendrickson</i>		How related to deceased <i>husband.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>10 yrs.</i>
Immediate <i>"</i>	How long <i>5 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Rustin Miller</i>
	Address <i>Washington, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Kate Kennedy

Town

County

MARYLAND

Died at

Mapleville

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02*

Dec.

Age

— —

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edward J. Kennedy

Mother's

Maiden Name

Jennie Betts

Cause of

Primary

Acute Congestion Lungs.

How long sick

Since birth

Death

Immediate

Congestion. Weakness.

Accident, Suicide, Homicide

Reported by

J. Keubert Made. M. D.

Address

Bonducaro Wash. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

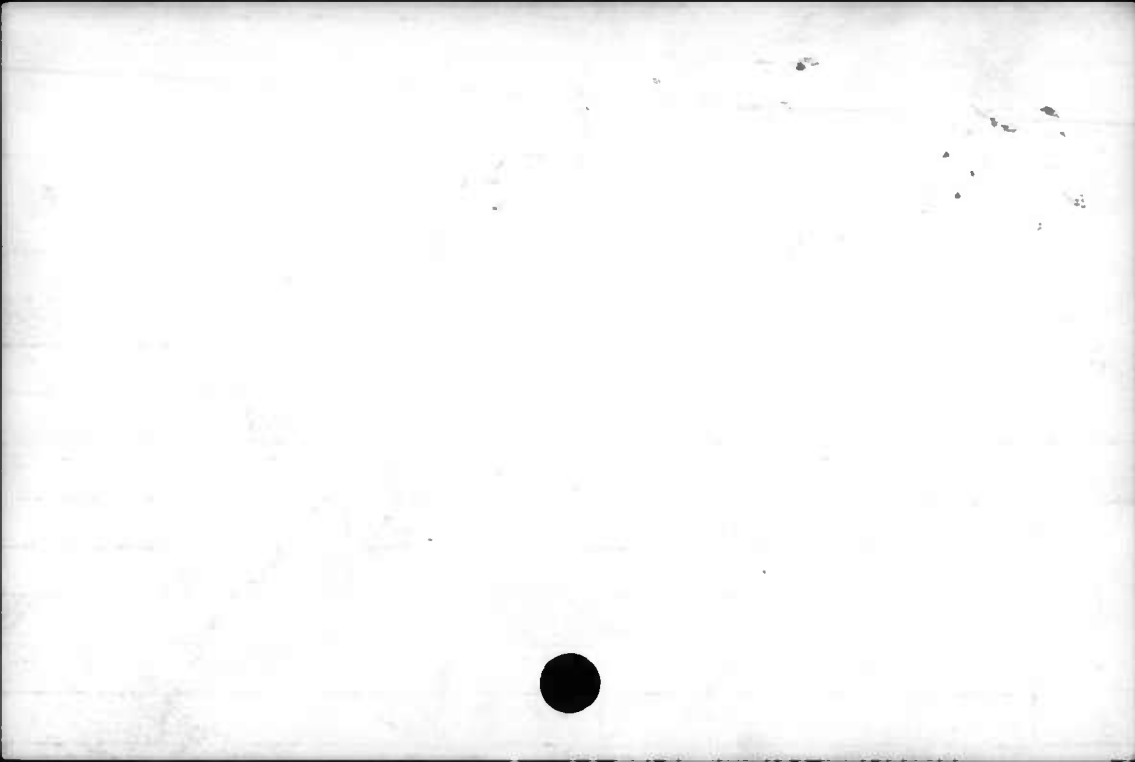
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Adam Yorkabaugh		Town Waynesboro		County Worth		MARYLAND	
Died at Waynesboro		Month 12		Day 18		Years 66	
Date of death 190 2		Month 12		Day 18		Age 66	
Sex Male		Color or Race White		Birth-place Waynesboro			
Married, Single or Widowed Married		Occupation Hotel Keeper					
Name of Wife or Husband Frances Weaver							
Father's Name Oliver Yorkabaugh		Father's Birthplace Does not know					
Mother's Maiden Name Does not know		Mother's Birthplace " "					
Name of person giving information Frances Yorkabaugh		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Complications	How long 2 weeks
Immediate Exhaustion	How long - - -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. H. Martin
	Address Waynesboro
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

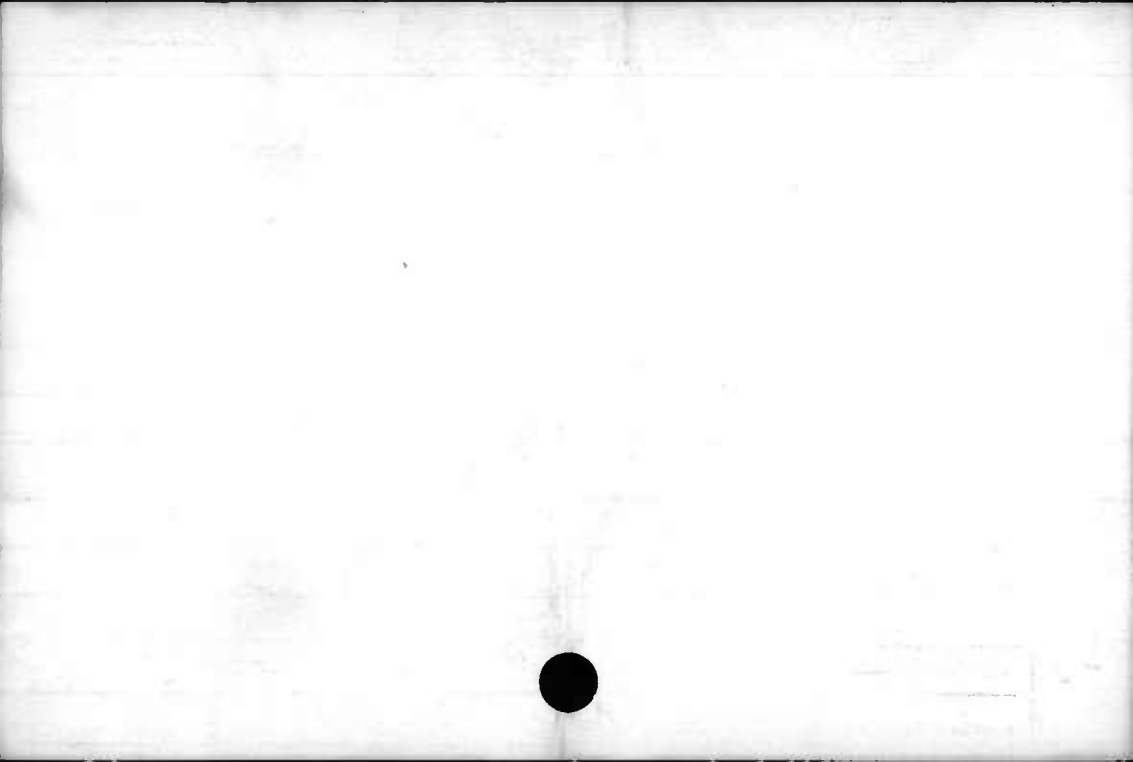
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George E Lyles</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>19</i>	
Date of death 190 <i>0</i>		Years <i>30</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Boushoro</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Sellah</i>					
Father's Name <i>George Lyles</i>				Father's Birthplace <i>Boushoro</i>	
Mother's Maiden Name <i>Charlotte Carpenter</i>				Mother's Birthplace <i>Boushoro</i>	
Name of person giving information <i>Charlotte Carpenter</i>				How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation of Heart</i>	How long <i>Two months</i>
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Helby Fanning M.D.</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

Hirshold Mantz

CERTIFICATE OF DEATH

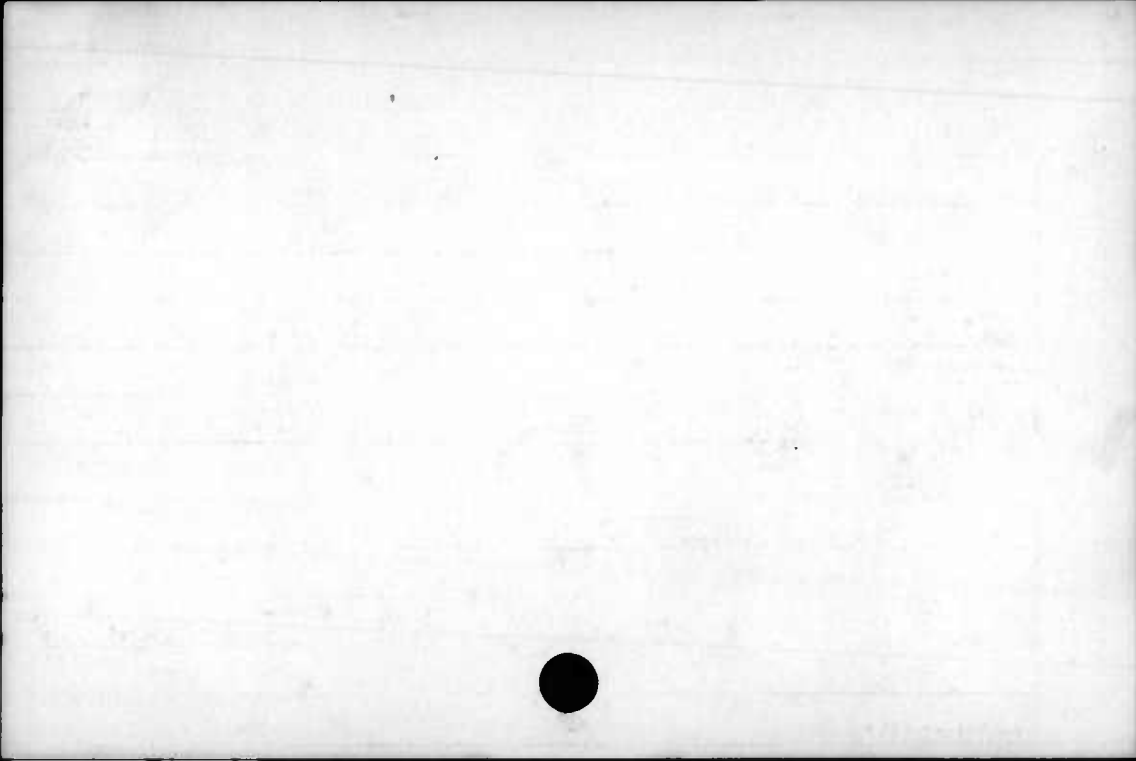
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>13</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Mantz</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>L. Grace Lechler</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Mrs Mantz</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>90</i>
Immediate <i>Asphyxiated</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>at Stupper, MD</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

David Martin
 Died at ^{Town} Sharpsburg ^{County} Washington MARYLAND

Date 1902 Dec 9 Age 50 Y. M. D. Native of Ind Occupation farmer
 Male White Married ~~Widow~~ Divorced
~~Estate~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of
 Wife
 Father's Name *Not Known* Mother's Name *Not Known*

Cause of Death { Primary Typhoid Fever | Failure
 Immediate Angina Pectoris with Hysteria
 How long sick 4 weeks
 Accident, Suicide, Homicide

Reported by S. Howard Carver M.D.
 Address Sharpsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Eugene Warrick
Undertaker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Harvest*

County
Washington

MARYLAND

Date of death 1902	Month Dec	Day 18
-----------------------	--------------	-----------

Age 5 Years

Months

Days

Sex *Female*

Color or Race Black

Birth-place *Hagerstown Md*

~~Married, Single~~
~~or Widowed~~

Occupation

Name of Wife or
Husband

Father's
Name

West Moreland

Father's Birthplace

Best Known

Mother's
Maiden Name

Mabel Adams

Mother's Birthplace

Winchester

Name of person giving information _____

Mrs. Hill

How related
to deceased

Ans.

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

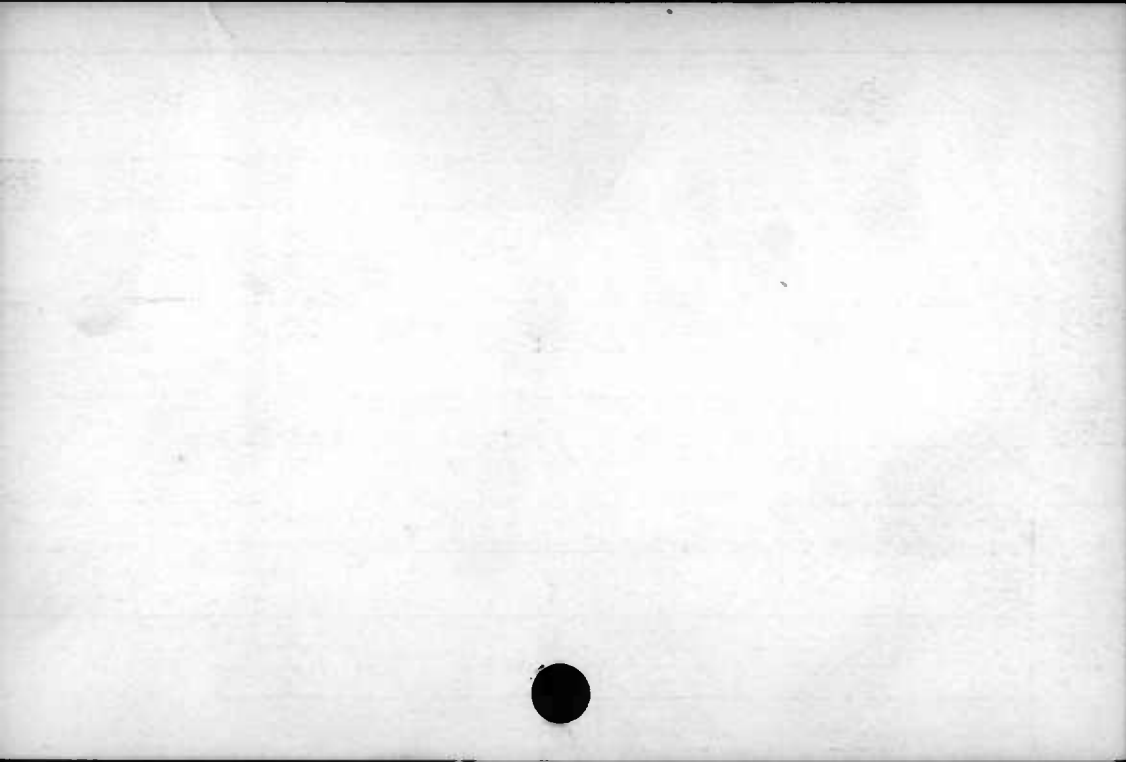
Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician _____

Address

Accident or Suicide?

**PHYSICIAN
OR CORONER**



Name
in
Full

Mary E Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190 <i>1</i>	Month <i>Dec</i>	Day <i>27</i>	Age <i>36</i> Years	Months <i>11</i>	Days <i>9</i>
Sex <i>Female</i>	Color of Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Seamstress</i>		
Name of Wife or Husband					
Father's Name <i>Jessie Morrison</i>			Father's Birthplace <i>and</i>		
Mother's Maiden Name <i>Katherine</i>			Mother's Birthplace <i>and</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long
Immediate. <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
<i>[Signature]</i>	Address <i>Boonsboro</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>W. William Snow</i>		Town <i>Huyette</i>		County <i>Washington</i>		MARYLAND									
Died at		Date of death 190 <i>2</i>		Month <i>12</i>		Day <i>23</i>		Age <i>61</i>		Years <i>61</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington Co</i>											
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>													
Name of Wife or Husband <i>Rebecca Snow</i>															
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>													
Mother's Maiden Name <i>.. ..</i>		Mother's Birthplace <i>.. ..</i>													
Name of person giving information <i>William Snow</i>		How related to deceased <i>Son</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>immediately</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Andrew L. Coffman</i>	
		Address <i>Hays town Md</i>	
Assisted or Suicide? <i>No Physician</i>		<i>Funeral Director</i>	



Name
in
Full

Mary W. Osbaine Osborne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		Dec	2	70			
Sex	female	Color or Race	white	Birth-place	Va.		
Married, Single or Widowed	widow	Occupation	H. W.				
Name of Wife or Husband	C. F. Osborne						
Father's Name	Martin P. Parks				Father's Birthplace	N. Carolina	
Mother's Maiden Name	Georgiana Clough				Mother's Birthplace	Va.	
Name of person giving information	Miss Mattie C. Parks				How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip	How long	10
Immediate	Tuberculosis of Lungs	How long	about 12 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Linwood
		Address	Hagerstown Md.
Accident or Suicide?			



Name
in
Full

Mary A. Peterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Sharpsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>20</i>	Age <i>73</i>	Years	Months <i>7</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick</i>				
Married Single or Widowed			Occupation				
Name of Wife or Husband <i>Geo. L. Peterman</i>							
Father's Name <i>James Mc Grow</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Sallie Benner</i>				Mother's Birthplace <i>Sharpsburg</i>			
Name of person giving information <i>Jas. Peterman</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>13 or 14 months</i>
Immediate	<i>Heart Disease & Dropsy</i>	How long	<i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. Howell Gardner</i>	
		Address <i>Sharpsburg Maryland</i>	
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

John Rose

CERTIFICATE OF DEATH

md
MARYLAND

Died at Cakles Town Mills

County Washington

Date
of death 1902

Month 12

Day 30

Age

Years 61

Months 4

Days 12

Sex

Male

Color or
Race

Colored

Birth-
place

North Carolina

Married, Single
or Widowed

Occupation

Day Laborer

Name of Wife or
Husband

Georgann Rollins

Father's
Name

Don't know

Father's
Birthplace

North Carolina

Mother's
Maiden Name

Don't know

Mother's
Birthplace

11 11

Name of person giving
In formation

John R Brown

How related
to deceased

None

CAUSES OF DEATH

Primary

Thyroid Fever
Exhaustion

How long

10 weeks

Immediate

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

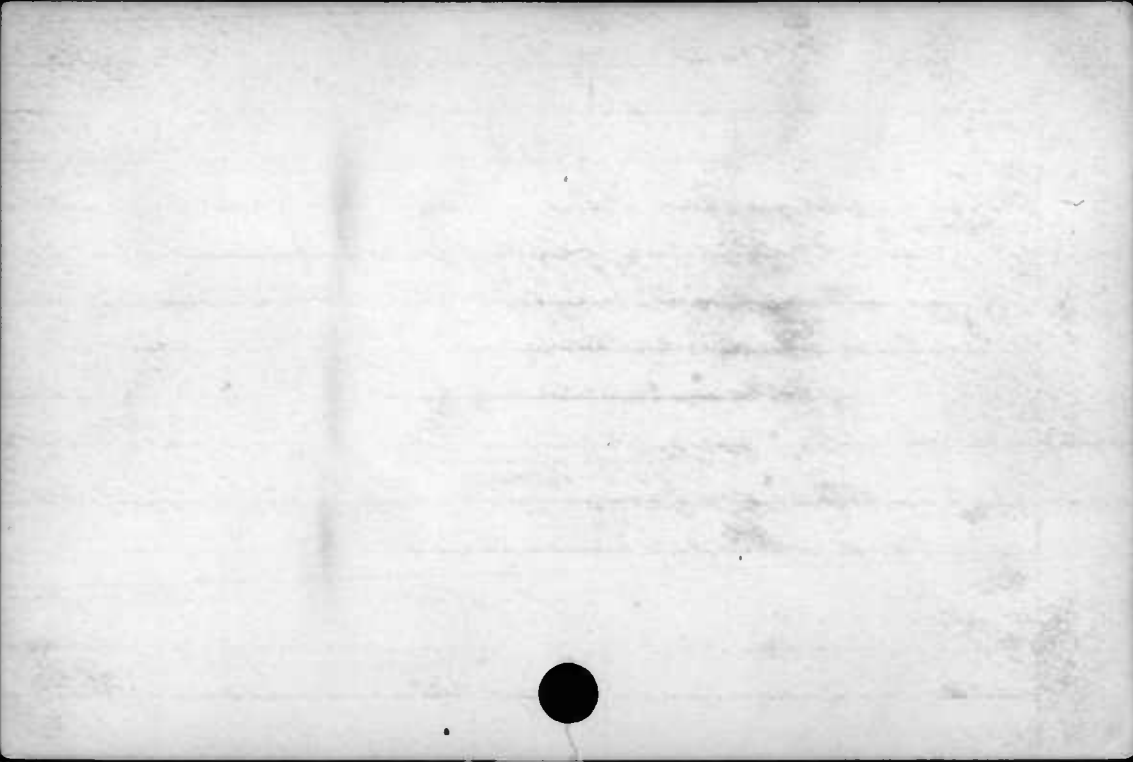
H. M. Dubois M.D.

Address

Kingville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Francis Bowland

CERTIFICATE OF DEATH

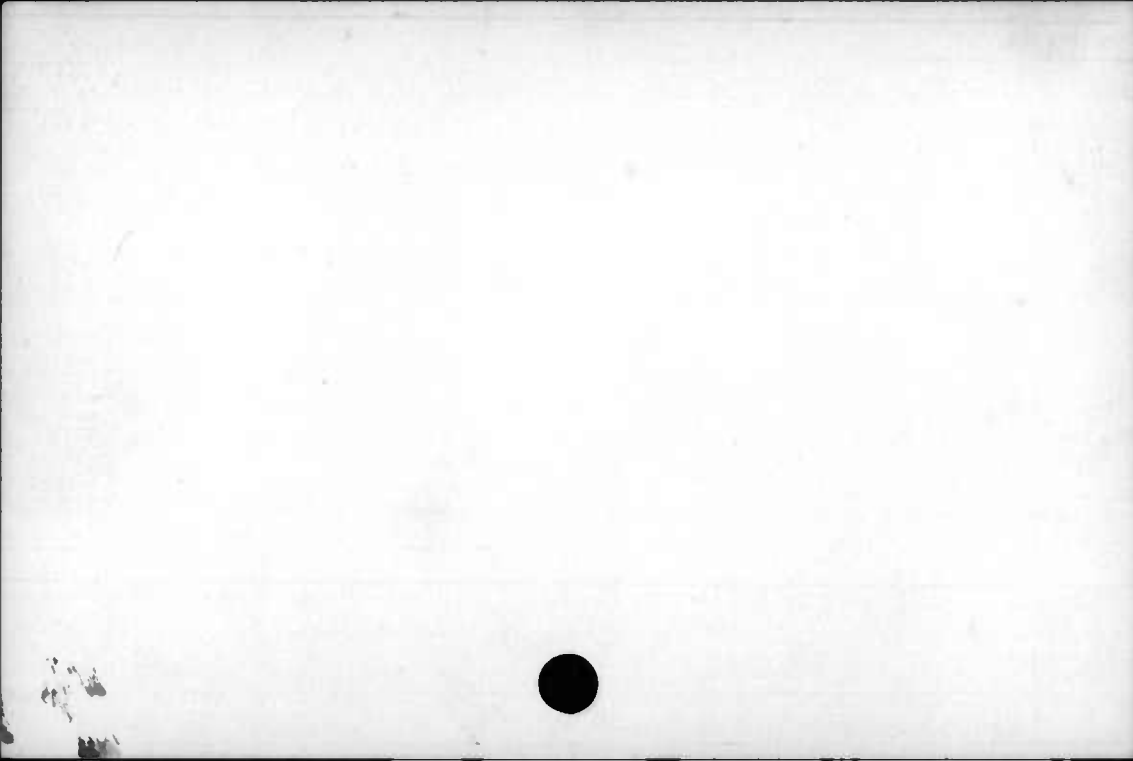
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>19</i>	Age <i>57</i>	Months <i>5</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Divorced</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Clinton Bowland</i>					
Father's Name <i>David</i>			Father's Birthplace <i>Sailor</i>		
Mother's Maiden Name <i>Rebecca Bowers</i>			Mother's Birthplace <i>120</i>		
Name of person giving information <i>Clinton Bowland</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ch. Nephritis & Endo Peritis several yrs</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Preston Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Golden Sherk

CERTIFICATE OF DEATH

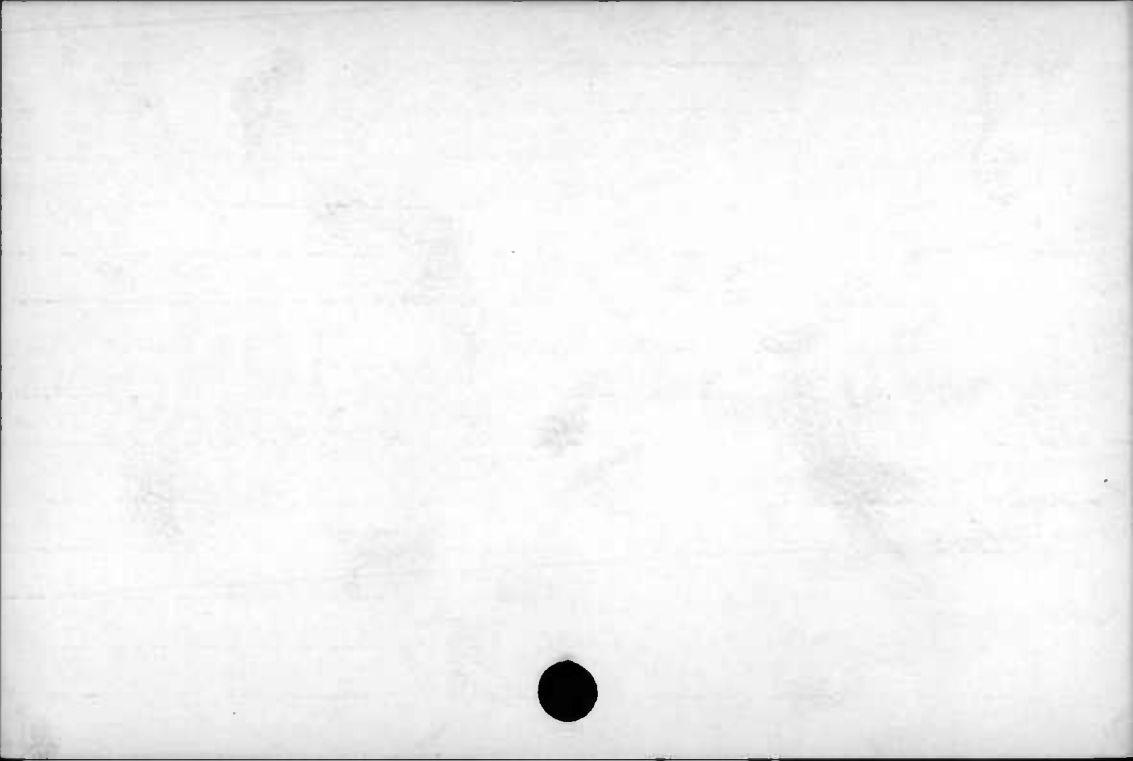
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town			County <i>Washington</i>			MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hagerstown Md</i>			
Married, Single or Widowed <i>single - —</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Ambrose Sherk</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Dossie Inel</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Ambrose Sherk</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>105</i>	How long <i>3 mos.</i>
Immediate <i>—</i>		<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter D. Miller Jr.</i>	
	Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Esther Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 190	<i>2</i>	Month <i>12</i>	Day <i>19</i>	Age Years <i>11</i>	Months <i>10</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Hagerstown</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>			
Name of Wife or Husband					
Father's Name <i>London Smith</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Jessie Williams</i>			Mother's Birthplace <i>Hagerstown</i>		
Name of person giving information <i>Jessie Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	<i>27</i>	How long <i>2 yrs</i>
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

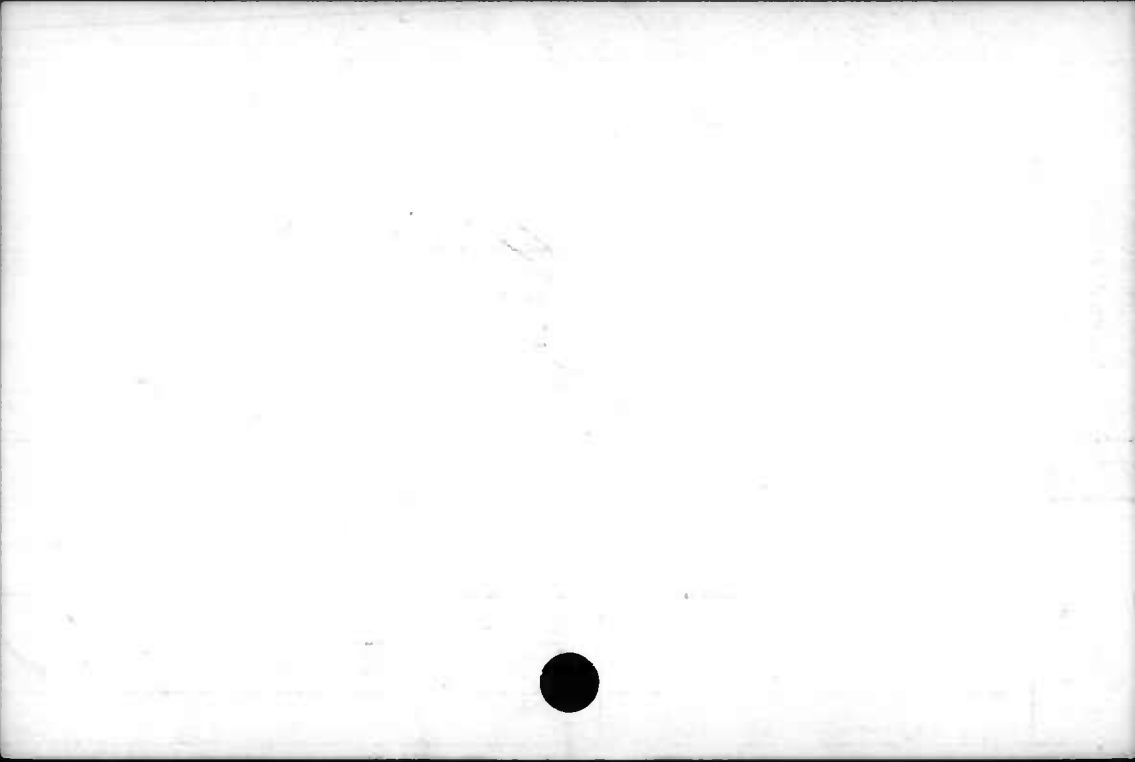
Yes

Signature of Physician

Address

Andrew L. Hoffman
Hagerstown Md
Funeral Director

Accident or Suicide?



Name
in
Full

Samuel Snyder.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>2-locks.</i>		Town		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>8</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Male.</i>	Color or Race <i>White.</i>		Birth- place				
Married, Single or Widowed			Occupation <i>labor.</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Geo Kreps.</i>				<i>166</i> How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>fall down steps.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Anne R. Spielman

CERTIFICATE OF DEATH

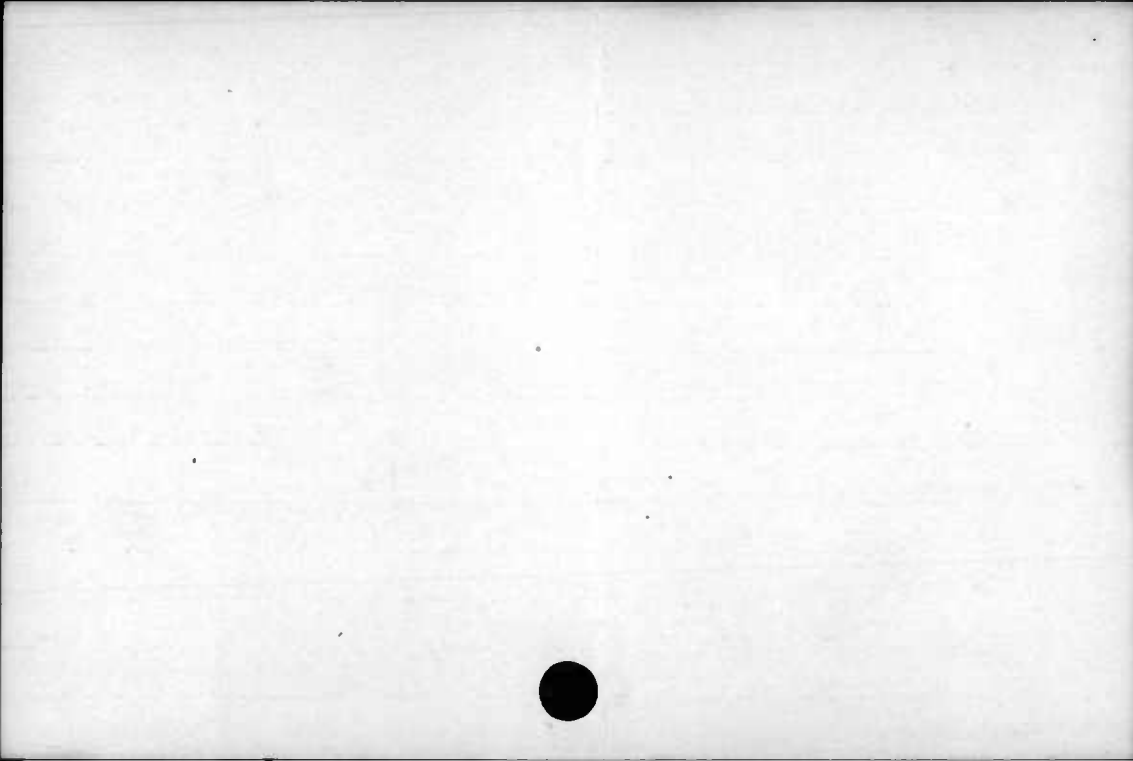
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St James School		Washington					
Date of death 190	Month	Day	Age	Years	Months	Days	
2	Dec	7	12		3	23	
Sex	Female		Color or Race	White		Birth-place	md
Married or Widowed	Widow		Occupation Housewife				
Name of Wife or Husband Jonas Spielman							
Father's Name Solomon Davis				Father's Birthplace md			
Mother's Maiden Name Mary Cook				Mother's Birthplace md			
Name of person giving information				How related to deceased			
Mollie Weaver				Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia		How long	one year
Immediate	Exhaustion		How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		W. M. Reichard	Fairplay, Wash. Co.	
Accident or Suicide?				



Amanda B. Shing

Died at *Near Loc 6. 53.* *Washington* *MARYLAND*
 Town County
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *Dec* *19* Age *55.11* — *Ohio* *Housewife*
 Male White Married — Widow Divorced
 Female Colored Single Widower Number of children living *None*

Husband of *Lavin B. Shing*
 Wife
 Father's Name *John J. Hughes* Mother's Maiden Name *Margaret Thomas*

Cause of Primary How long sick
 Death Immediate *Heart Failure* *179* Accident, Suicide, Homicide

Reported by *Martin Jenkins' Son F. N. S.*
 Address *Hancock Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan Stuffer

Town

County

Died at

MARYLAND

Date 1902 12 21 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Charles Stuffer
 Wife
 Father's Name Jacob Birch Mother's Maiden Name Amelia Erick

Cause of Death { Primary Pneumonia
 Immediate
 How long sick Six days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

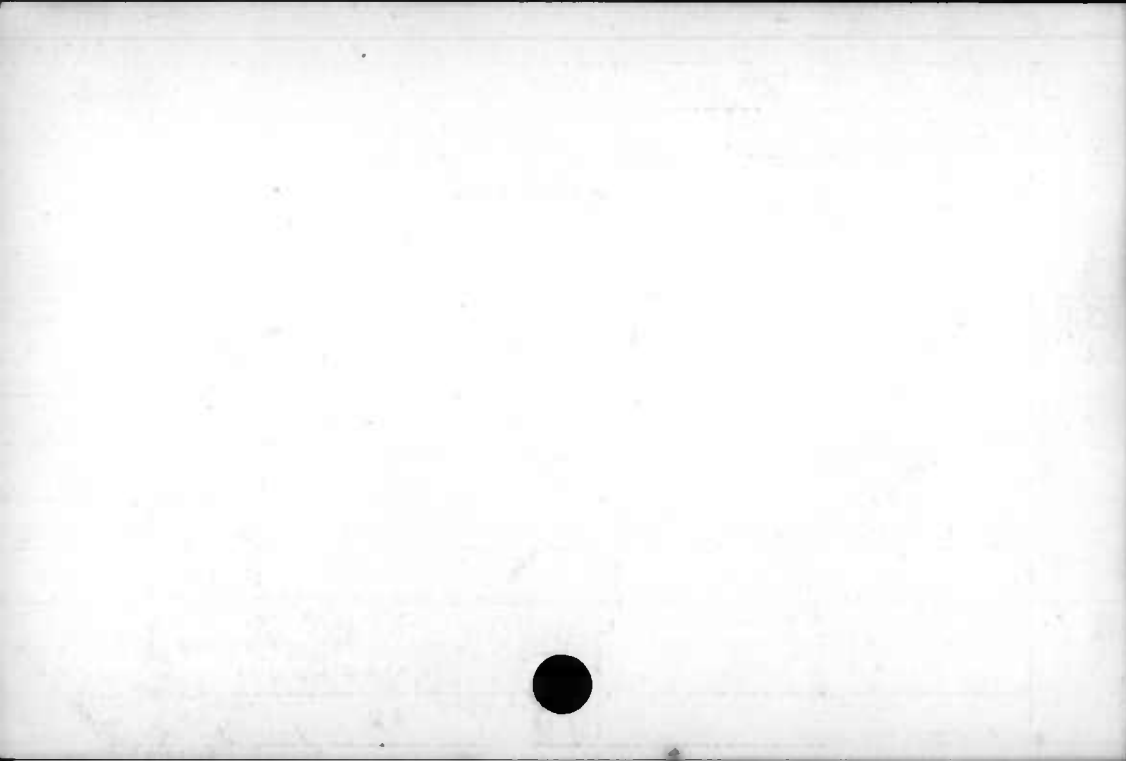
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nelson Wilton Taylor</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>21</i>		Age <i>16</i>	
Date of death 190 <i>2</i>		Months <i>5</i>		Years <i>10</i>		Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Wilton Taylor</i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i>Mary E. Green</i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Mary E. Taylor</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>9</i>	Signature of Physician <i>A. W. Hagan</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Oliver Thomas

CERTIFICATE OF DEATH

Pensylvania
~~MARYLAND~~

Town

County

Died at

Harrisburg

Date

of death 1902

Month

12

Day

13

Age

Years

3-4

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Haystown

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Henrietta Butler

Father's
Name

Jas T Thomas

Father's
Birthplace

Beaver Creek

Mother's
Maiden Name

Herrett Washington

Mother's
Birthplace

burr known

Name of person giving
In formation

Henrietta Thomas

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Killed on R.R.

166

How long

Instantly

Immediate

How long

Instantly

Are the name, age, sex, color, date
and place correctly given above?

Yes

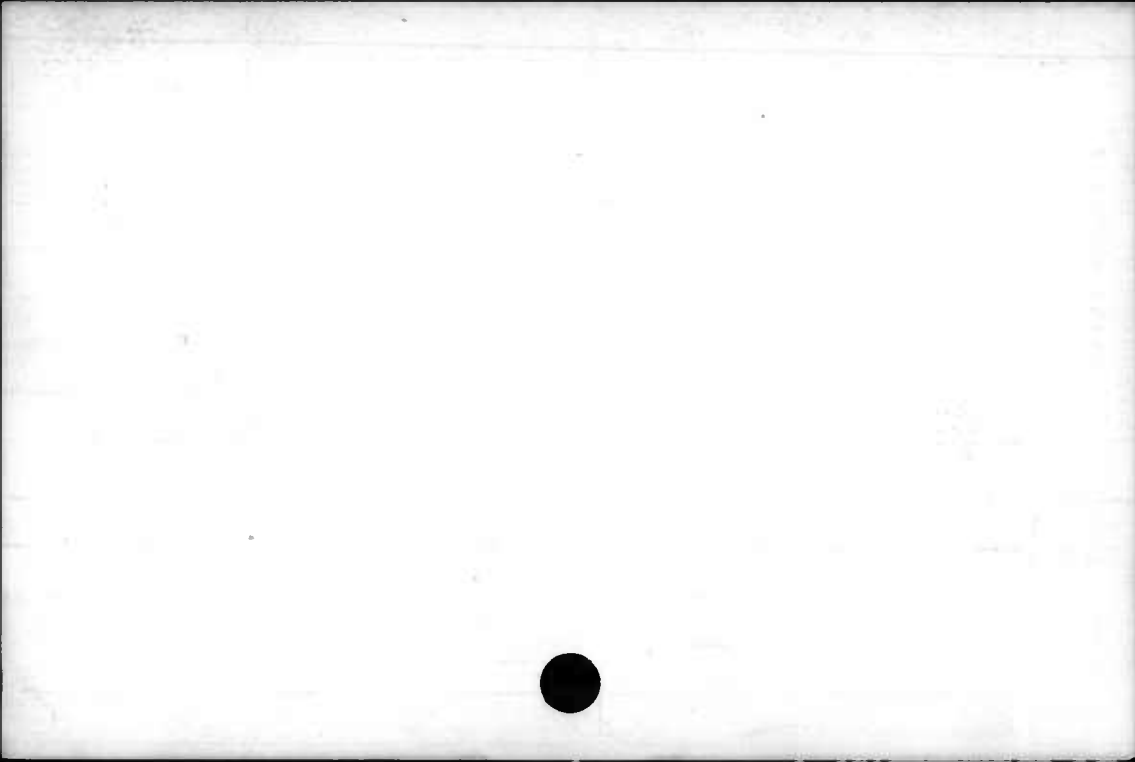
Address

A. B. Buffum
Haystown and
Rural Director

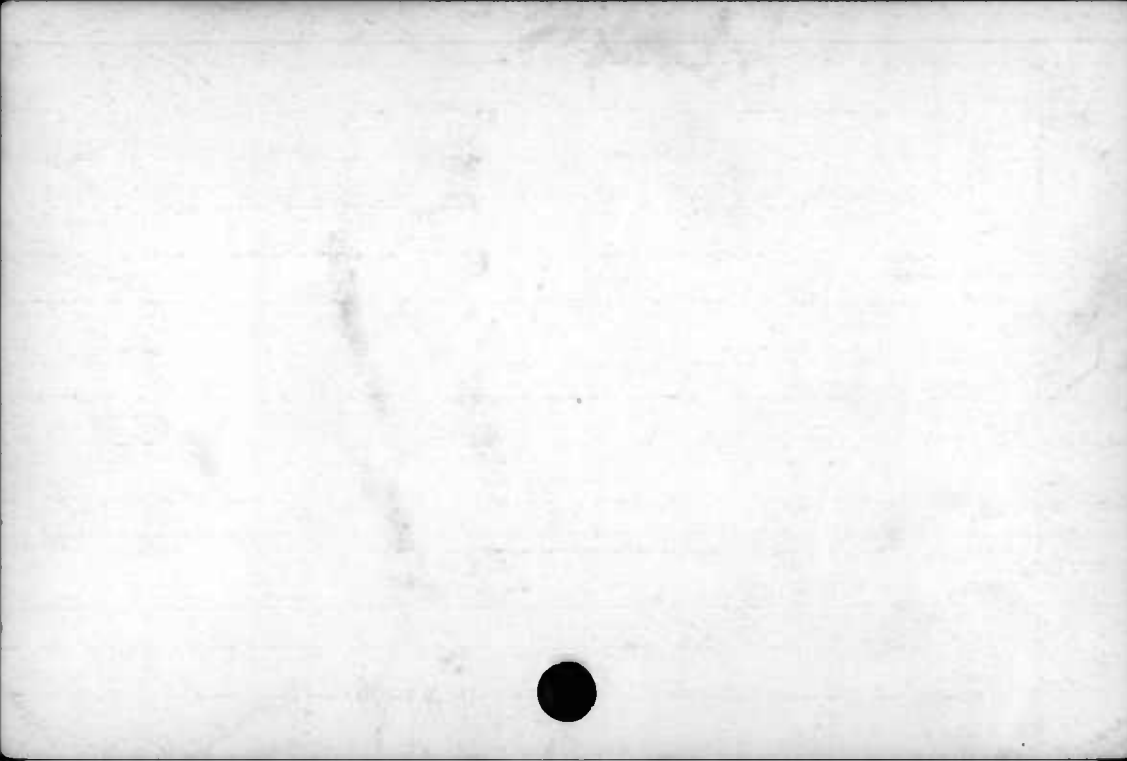
Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Charles S Lroup		Town Kearneyville		County Washington		State MARYLAND	
Died at Kearneyville		Date of death 190 2		Month 12		Day 18	
Sex Male		Color or Race White		Age 2		Years 7	
Married Single Single		Occupation None		Birth-place Kearneyville		Months 7	
Name of Woman Husband		Father's Name George Lroup		Father's Birthplace Trinsectown		Mother's Birthplace Cave town	
Mother's Maiden Name Bertha Littlejohn		Name of person giving information Bertha Lroup		How related to deceased Mother			
CAUSES OF DEATH							
Primary La Grippe		How long 10		How long Two weeks			
Immediate Bruised Pneumonia				How long 4 days			
Are the name, age, sex, color date and place correctly given above? Yes		Signature of Physician N. M. Fihiser		Address Kearneyville Md			
Accident or Suicide? No							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Stillborn child of Harry L. Wallace

CERTIFICATE OF DEATH

Died at <i>Hagerstown</i>		Town		County		Washington		MARYLAND	
Date of death 1902		Month 12		Day 17		Age		Years Months Days	
Sex <i>male</i>		Color or Race		White		Birth-place			
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Harry L. Wallace</i>						Father's Birthplace			
Mother's Maiden Name <i>Edith M. Fluet</i>						Mother's Birthplace			
Name of person giving information <i>Harry L. Wallace</i>						How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Born dead</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. E. Pitsenogle	
Accident or Suicide?		Address	
		Hagerstown Md	

